

Houston Independent School District
Office of Special Education
Placement Review Committee

Cases brought to Placement Review should be scheduled ONLY by the Special Education Field Office.

☐ Behavior Placement Review

☐ Academic Placement Review

Review Date: _____ Time: _____ Senior Manager: _____

Student Information

| | | | |
|--------------|--|-----------------|---|
| Campus | | Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Student Name | | Ethnicity | |
| Student ID# | | Disability(ies) | |
| Student DOB | | Annual ARD Date | |
| Grade | | FIIE/FIE Date | |

Current Placement
(Check all that apply)

☐ General Education ☐ Resource ☐ PALS ☐ SLL ☐ BSC ☐ PSI
☐ Speech Only ☐ Co-Teach ☐ ECI ☐ Not Enrolled

Instructional Code

☐ 40 ☐ 41 ☐ 42 ☐ 43 ☐ 44 ☐ 45 ☐ 00 ☐ None ☐ Not Enrolled

Instructional Services

| Subject | Special Ed | General Ed | Minutes/hours per week in special education |
|----------------|------------|------------|---|
| Reading | | | |
| Language | | | |
| Math | | | |
| Science | | | |
| Social Studies | | | |

Classroom Observations

| Date | Name | Title |
|------|------|-------|
| | | |
| | | |
| | | |

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Behavior Information

Dates/Description

- ☐ YES ☐ NO In-School Suspension _____
- ☐ YES ☐ NO Out of School Suspension _____
- ☐ YES ☐ NO Involvement with Law Enforcement _____
- ☐ YES ☐ NO Behavior Support Plan _____
- ☐ YES ☐ NO Functional Behavior Assessment _____
- ☐ YES ☐ NO School Counseling _____
- ☐ YES ☐ NO Medication(s) _____
- ☐ YES ☐ NO Has the student been retained? _____

Outside Agency Involvement

| Facility Name | Date/Frequency | Description |
|---------------|----------------|-------------|
| | | |
| | | |
| | | |

ACADEMIC

- ☐ General Education Curriculum
- ☐ Modified Curriculum

TAKS/STAAR Scores

| | Reading | Math | Language |
|----------------|---------|------|----------|
| STAAR | | | |
| STAAR-Modified | | | |
| STAAR-ALT | | | |

Stanford/Aprena Scores

| Reading | Language | Math | Total Battery |
|---------|----------|------|---------------|
| | | | |

I-Station (results)

| |
|--|
| |
|--|

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Current Grades

| Grading Cycle | Reading | Math | Language | Science | Social Studies |
|---------------|---------|------|----------|---------|----------------|
| | | | | | |
| | | | | | |
| | | | | | |

Accommodations/Modifications

- | | |
|--|---|
| <input type="checkbox"/> Individual/Small Group Administration | <input type="checkbox"/> Modified Grading Criteria |
| <input type="checkbox"/> Calculation Device | <input type="checkbox"/> Supplemental Aids |
| <input type="checkbox"/> Projection Device | <input type="checkbox"/> Amplification Device |
| <input type="checkbox"/> Oral/Signed Administration | <input type="checkbox"/> Reminders to stay on task |
| <input type="checkbox"/> Reduced # Answer Choices | <input type="checkbox"/> Spelling Assistance |
| <input type="checkbox"/> Extra Time | <input type="checkbox"/> Simplified Language/Vocabulary |
| <input type="checkbox"/> Basic Transcribing | <input type="checkbox"/> Math Manipulatives |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |

School/Classroom Intervention(s)

| Behavior/Academic | Intervention/Accommodation |
|-------------------|----------------------------|
| | |

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Behavior

Describe in detail the duration, frequency, and intensity of all problematic behaviors.

| What is the Behavior? | Describe behavior, include degree and intensity | When does it occur? | How often does it occur? | Where does it occur? | How long does it take? |
|----------------------------------|---|---------------------|--------------------------|----------------------|------------------------|
| Off Task | | | | | |
| Tardy/Truant | | | | | |
| Leaves assigned area | | | | | |
| Incomplete assignments | | | | | |
| Unprepared for class | | | | | |
| Noncompliance | | | | | |
| Disruption inside the classroom | | | | | |
| Disruption outside the classroom | | | | | |
| Emotional outburst/tantrum | | | | | |
| Destroys property | | | | | |

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| What is the Behavior? | Describe behavior, include degree and intensity | When does it occur? | How often does it occur? | Where does it occur? | How long does it take? |
|----------------------------|---|---------------------|--------------------------|----------------------|------------------------|
| Defiance of authority | | | | | |
| Negative verbalizations | | | | | |
| Verbal aggression | | | | | |
| Negative physical | | | | | |
| Physical aggression | | | | | |
| Social isolation/withdrawl | | | | | |
| Sexualized behavior | | | | | |
| Substance abuse | | | | | |
| Possession of a weapon | | | | | |
| Other | | | | | |

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| |
|---|
| Recommendation(s): to be completed at placement committee meeting |
|---|

[illegible]